Receipt #: CK # Received By: Date:	YOUTH ATHI	LETIC	ROSTER					MEMF	O COUNT
TEAM NAME:	ZONE PREFERENC	E :Nor	thEast	West	Northeast			0	
REGISTRATION PICK-UP DATE: ATHLETIC SPECIALIST: ROSTER SUBMISSION DATE:	ELIGIBLE FOR LEA	GUE PLAY O						TENNE	Rev.8/0
PRINT EACH PLAYERS FULL NAME – THE WAY IT APPEARS ON HIS/HER BIRTH							Plea	ase Check App Residency	
CERTIFICATE FIRST MIDDLE LAST	ADDRESS	ZIP CODE	PHONE	BIRTH DATE	SCHOOL	AGE	CITY	COUNTY	OUT OF COUNTY
1									
2								 	
3 4									T
5									+
6									+
7								1	+
8									
9									1
10									
11									1
12									
13									
14									
15									
16									

		TEAM CLASSIFICATION	YOUTH TEAMS ONLY			
	MANAGERS INFORMATION	Check One	AGE GROUP		SPORT	NOTES
NAME		COMPETITIVE	BOYS	GIRLS	BASKETBALL	
ADDRESS		RECREATION	TOTS 5-6 yrs	TOTS 5-6 yrs	BASEBALL	
CITY	ZIP	CHURCH	BANTAM 7-8 yrs	BANTAM 7-8 yrs	SOFTBALL	
WORK#			MIDGET 9-10 yrs	LASSIE 9-10 yrs	VOLLEYBALL	
CELL#		BYE REQUEST DATE	PEE WEE 11-12 yrs	JUNIOR 11-12 yrs	SOCCER	
E-MAIL:		(ONE ONLY)	JUNIOR 13-14 yrs	FRESHMAN 13-14 yrs	FLAG FOOTBALL	
	ASSISTANT MANAGER		SENIOR 15-16 yrs	SOPHOMORE 15-16 yrs		
NAME			MAJOR 17-18 yrs	SENIOR 17-18 yrs		
WORK#						
CELL#						
E-MAIL						